/0/5/9//3
10 Recid PCT/PTC 0 1 NOV 2005

## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPOSITION FOR TREATMENT OF DISEASE DUE TO VASCULAR CONSTRICTION OR VASODILATION

the application of which				
is attached hereto	OR	was filed onJune Application Number or PCT/JP03/08039 and was amended on	PCT International Ap (Confirmation No.	plication Number),
I hereby state that I have reviewed and uby any amendment specifically referred to		nts of the above identified ap	oplication, including th	ne claims, as amended
I acknowledge the duty to disclose in continuation-in-part application(s), mater the national or PCT international filing da	rial information which	ch became available betweer		
I hereby claim foreign priority benefits user plant breeder's rights certificate(s), or than the United States of America, listed patent, inventor's or plant breeder's rights application on which priority is claimed.	365(a) of any PCT libelow and have al	international application(s) so identified below, by chec	which designated at le king the box, any fore	east one country other eign application(s) for
	_	<b>.</b>		riority Claimed
Prior Foreign Application Number(s)	Country	Foreign Filing I		<u> </u>
P. 2002-185546	Japan	June 26, 200	2	

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

I hereby appoint all attorneys of **SUGHRUE MION**, **PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

233/3

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INV	ENTOR:					
Given Name (first and middle [if any]) <u>Shinji</u>		Family Name or Surname NAKADE				
Inventor's Signature Thingi haka		de D	ate April 8, 2005			
Residence: City Tsukuba-shi	State Ibaraki	Country Japan JP	Citizenship Japan			
Mailing Address: c/o ONO PHARMACEUTICAL CO., LTD., 17-2, Wadai						
City Tsukuba-shi	State IBARAKI	Zip 300-4247	Country JAPAN			
NAME OF SECOND INVENTOR: Given Name						
(first and middle [if any]) Hidehiro		Family Name or Surname <u>SUZUKI</u>				
Inventor's Signature	Lel A	Jer. De	4 41 0 0005			
Residence: City Tsukuba-shi	State Ibaraki	Country Japan JP	Citizenship Japan			
Mailing Address: c/o ONO PHARMACEUTICAL CO., LTD., 17-2, Wadai						
City Tsukuba-shi	State IBARAKI	Zip 300-4247	Country JAPAN			
NAME OF THIRD INVENTOR:		[ <del></del>	, Journal of the second of the			
Given Name (first and middle [if any]) Hiromu	-	Family Name or Surname <u>HABASHITA</u>				
Inventor's Signature / Live	nu Habashit	Da	April 8, 2005			
Residence: City <u>Mishima-gun</u>	State Osaka	Country Japan JPX	Citizenship Japan			
Mailing Address: c/o ONO PHARMACEUTICAL CO., LTD., 1-1, Sakurai 3-chome, Shimamoto-cho						
Walling Address. COUND FRANCE	MACEUTICAL CO., LTD., 1	-1, Sakurai 3-chome, Shimame	oto-cho			
City Mishima-gun	MACEUTICAL CO., LTD., 1- State OSAKA					
	State OSAKA	-1, Sakurai 3-chome, Shimamo Zip 618-8585	Country JAPAN			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name	State OSAKA	Zip 618-8585				
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])	State OSAKA					
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name	State OSAKA	Zip 618-8585	Country JAPAN			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])	State OSAKA	Zip 618-8585  Family Name or Surname	Country JAPAN			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature	State OSAKA	Zip 618-8585  Family Name or Surname  Da	Country JAPAN			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Mailing Address:  City	State OSAKA	Zip 618-8585  Family Name or Surname  Da	Country JAPAN			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Mailing Address:  City  NAME OF FIFTH INVENTOR:	State OSAKA:	Zip 618-8585  Family Name or Surname  Da  Country	Country JAPAN  te  Citizenship			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Mailing Address:  City	State OSAKA:	Zip 618-8585  Family Name or Surname  Da  Country	Country JAPAN  te  Citizenship			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Mailing Address:  City  NAME OF FIFTH INVENTOR:  Given Name	State OSAKA:	Zip 618-8585  Family Name or Surname  Da  Country	te Citizenship Country			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Mailing Address:  City  NAME OF FIFTH INVENTOR:  Given Name (first and middle [if any])	State OSAKA:	Zip 618-8585  Family Name or Surname  Da  Country  Zip  Family Name or Surname	te Citizenship Country			
City Mishima-gun  NAME OF FOURTH INVENTOR  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Mailing Address:  City  NAME OF FIFTH INVENTOR:  Given Name (first and middle [if any])  Inventor's Signature	State OSAKA : State State	Zip 618-8585  Family Name or Surname  Date of Surname  To be a surname or Surname  Date of Surname or Surname	te Citizenship Country			